FIS 0201 (9/06) Office of Financial and Insurance Services

dba Registration for Insurance Licensees

Instructions:

Complete and sign either the individual or entity section of this form, but not both. Use a separate form for each individual or entity.

Attach a certified copy of the dba filing that will serve as legal proof of the dba. Mail or deliver to the address below.

There is no fee to register or change a dba for insurance professionals or entities. DO NOT send money with this form.

A dba does not appear on any license, so a new license will not be produced as a result of this change.

Individual Licensee or Applicant					
Last Name of Licensee or Applicant	First Name	Middle Initial or Name		Suffix (Jr., Sr., I, II, etc.)	
dba (doing business as)			System ID/License number		
Daytime telephone (include area code)	Email address	Email address		urity	
				nber gits)	
Certification: I certify that this information is	s true, complete and correct.				
Signature			Date signed		
Entity Licensee or Applicant including a	agency, corporation, partnership, limited liability co	ompany and sole propri	ietorship		
Name of Licensee or Applicant			System ID/License number		
			1 1		
dba (doing business as)		Tax ID nun	Tax ID number (FEIN)		
			1 1		
Contact person name	Daytime telephone (include area code and extension)) Email addr	Email address		
Certification: I certify that this information i	s true, complete and correct.	,			
Signature of Officer, Partner, Member (LLC) or Proprietor		Date sign	Date signed		
Signer's name and title typed or printed					
Completing your dba Registration					

Be certain that this form is complete, correct and signed. Attach a certified copy of the dba filing. Mail or deliver to:

> Thomson Prometric/OFIS 3105 S Martin Luther King Blvd PMB 179 Lansing MI 48910-2939

P.A. 218 or 1956 as amended requires submission of this form by licensees or applicants who do or will operate under an assumed name. Failure to file this information may result in a fine or license action including suspension, revocation or denial and other compliance action by the Office of Financial and Insurance Services.

